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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/929,717
Filing Date	08/13/01
First Named Inventor	Govindarajan, Rangaprasad
Group Art Unit	2661
Examiner Name	unknown
Attorney Docket Number	27066.0129

Total Number of Pages in This Submission 3

## ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Response
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition
- ☐ Petition to Convert to a Provisional Application
- ☒ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s)

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

Remarks

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	R. Scott Rhoades, Strasburger & Price, LLP
Signature	<i>R. Scott Rhoades</i>
Date	1/22/02

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PTO/SB/82 (10-00)

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# REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/929,717
Filing Date	08/13/01
First Named Inventor	Govindarajan, Rangaprasad
Group Art Unit	2661
Examiner Name	unknown
Attorney Docket Number	27066.0129

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	R. Scott Rhoades, Strasburger & Price, LLP				
Address	901 Main St., Suite 4300				
Address					
City	Dallas				
Country	United States	State	Texas	ZIP	75202-3794
Telephone	(214) 651-4300	Fax	(214) 651-4330		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	Rangaprasad Govindarajan
Signature	<i>Rangaprasad Govindarajan</i>
Date	1/18/2002
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	R. Scott Rhoades, Strasburger & Price, LLP
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I am the:

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**SIGNATURE of Applicant or Assignee of Record**

Name	Jogen Pathak
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Signature	
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Date	1-15-2002
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